CALIFORNIA MENTAL HEALTH PLANNING COUNCIL
MEETING HIGHLIGHTS
JUNE 15 AND 16, 2006
DOUBLETREE HOTEL, SAN JOSE

Planning Council Members Present

Beverly Abbott	Renee Becker	Jorin Bukosky
Michael Borunda	Doreen Cease	Adrienne Cedro Hament
Shandy Dittman for Mike Greenlaw	Joellen Fletcher	George Fry
Lana Fraser	Luis Garcia	Karen Hart
Celeste Hunter	Diane Koditek	Barbara Mitchell
Joe Mortz	Dale Mueller, EdD, RN	Jonathan Nibbio
Susan Nisenbaum	Bettye Randle	John Ryan
Daphne Shaw	Walter Shwe	Stephanie Thal, MFT
Edward Walker, LCSW	Alice Washington	Barbara Yates, MD

Staff Present

Ann Arneill-Py, PhD
Sandy Lyon
Brian Keefer
Cindy Walker
Connie Lira
Tracy Thompson
Nancy Stoltz
Mary Parker

Thursday, June 15, 2006

Beverly Abbott, Chairperson, noting that a quorum was present, convened the meeting at 1:00 p.m.

Approval of the Minutes of the April 2006 Meeting

Minutes of the April 2006 Planning Council meeting were approved as submitted.

Approval of Executive Committee Report

The Planning Council approved the Executive Committee report as presented. Please refer to the minutes of the Executive Committee for further details. The Planning Council made a decision to address future committee meeting action items on the Friday morning agenda.

Report from the California Association of Local Mental Health Boards and Commissions (CALMHBC)

Cary Martin, President, provided the following report on the activities of the CALMHBC:

- Martin's term as President of the CALMHBC expires July 1, 2006. His successor will be announced at the CALMHBC meeting on Saturday, July 17th. On behalf of the Planning Council, Karen Hart thanked Mr. Martin for his contribution to the CALMHBC.
- Fifty-three counties are now members of the CALMHBC. The local mental health boards are deeply involved in the MHSA process to improve conditions of persons with mental illness.

- The CALMHBC is well managed and solvent. Dr. Mayberg has provided impetus to leverage dollars for the CALMHBC. The CALMHB/C training manual has been revised, and the website will soon be operational.

Update on Cultural Competence Issues

Rachel Guerrero, Chief, Office of Multicultural Services, Department of Mental Health (DMH), gave the following update:

- DMH will be rolling out the California Brief Multicultural Competency Scale Training pilot programs. Fourteen counties were invited to submit letters of interest to DMH to be one of five pilot counties for this training, which included San Bernardino, Los Angeles, Kern, Fresno, Amador, Sacramento, Riverside, San Joaquin, San Mateo, San Francisco, Butte, Napa, and Solano. The hope is to transfer this curriculum to virtual learning. The pilots will be conducted in the summer or fall of 2006.

- The DMH is going to collect data on the Latino Access Study, but Guerrero still needs to discuss the timeline for this project with Dr. Mayberg before moving forward. DMH has dedicated $100,000 for a study to include other ethnic groups, such as Asian Pacific Islanders.

- Cultural Competence Summit XIV is scheduled for November 8th and 9th in San Francisco. The focus will be on the MHSA and its ongoing implementation. Information about the Summit can be found on the California Institute for Mental Health (CIMH) website. The CIMH is also looking for presenters.

- SAMHSA is working on the fifth volume of the publication, *Towards a Culturally Competent System of Care,* originally written in 1988. The goal is to issue the publication in the next year or two.

Questions/Comments

Ed Walker: Small counties have strained travel budgets, and Walker recommends making accommodations to ensure small county participation in the pilot trainings.

Celeste Hunter: Regarding the Latino Access Study, has there been consideration for doing an African American study because the data that exists is incorrect? Answer: There is a misconception because the data shows that African Americans have equal access under Medicaid, but research in cultural competence demonstrates inappropriate levels of care to this population. We need to learn what the barriers are and do a better job with access to this population.

Joe Mortz: Mortz expressed concern that the gay, lesbian, and transgender communities have not been included in the MHSA process.

Alice Washington suggested that DMH include in its Cultural Competence Plan training on client culture and describe how to involve identified consumers hired by the DMH in non-consumer experience-related employment positions. Family members should also be included.

Public Comment

Cheryl Torres, San Joaquin County Behavioral Health Services

- Ms. Torres spoke about the exclusion of certain individuals from participating in the Medicare and state health programs under the Social Security Act Section 1128. People with a diagnosis of severe mental illness have been disenfranchised from higher education. It is difficult for students to achieve school goals and higher education due to their mental

illnesses without proper supports, particularly if they have student loans to repay. Educational involvement parallels recovery and both prepare consumers for new challenges in life. The MHSA needs to provide funding to assist consumers with developing the skills they need to go back to work and meet their financial obligations to repay their student loans.

Andrew Phelps, San Jose City College

- Mr. Phelps stated that education-based recovery requires thinking outside the box. He expressed concern with partnerships between education and mental health. San Jose City College has developed a client process by setting up learning communities within the framework of client advocacy. Models do exist in education-based recovery. There is a need to have the MHSA on campus and represented in student government. Nashville, Tennessee has a model that is trying to create this type of transformation.

Mary L. Cross, Santa Cruz County Mental Health Board and UACC Santa Cruz Representative

- Ms. Cross' comments are included as Attachment 1.

Questions/Comments

Barbara Yates recommended that the Cultural Competence Workgroup plan include gender, gay, lesbian, and transgender issues. Mortz added that this item should be referred to, and included in, each system of care (SOC) committee's work. Arneill-Py indicated that gender is included in the SOC matrix.

Ed Walker requested that the Children and Youth Subcommittee include childhood trauma in its issue matrix. Jorin Bukosky stated that Dr. Vanessa Kelly at the UCSF Trauma Recovery Center has done extensive work on complex post traumatic stress syndrome and could be a resource to the Children and Youth Subcommittee.

Alice Washington requested to participate in the Cultural Competence Workgroup.

Emerging Issues for Children and Youth in the Juvenile Justice System

Kim Barrett, Chief Probation Officer, San Luis Obispo County and Donald Blevins, Chief Probation Officer, Alameda County reported on youth in the juvenile justice system. A handout entitled, Juvenile Detention Profile Survey Mental Health, is included as Attachment 2.

- Approximately 55 percent of youth in juvenile halls have a mental illness. Youth with mental illness are the fastest growing population in the juvenile halls, which is considered the placement of last resort. The juvenile halls are a temporary holding facility while youth go through the court process. That process takes about 20 to 25 days, which is the average length of stay for youth in juvenile hall. However, juvenile halls have become a defacto treatment facility for youth with mental illness because there are no other placement options.

- The placement of severely mentally ill aggressive youth in the juvenile justice system poses some extremely problematic challenges for counties, including the closure of numerous acute inpatient facilities in communities throughout the State, the disappearance of state hospital beds for youth, the decrease in average length of stay at hospitals, and the lack of appropriate community resources for these youth.

- Youth do not receive Medi-Cal while in juvenile hall. If they are getting treatment through Medi-Cal in the community, once they are committed to juvenile hall that treatment stops.

- Staff in juvenile halls are not trained or hired to be mental health staff. Mental Health will not accept youth with a mental illness who are violent. There is an increase in younger youth entering juvenile detention facilities.
- Community Treatment Facilities (CTF) for youth have proven to be cost prohibitive and there are only a few in the State. When the state hospitals were closed the plan was to serve these children in the community, but the funding did not follow the plan.
- Level 12 and 14 group homes are closing due to funding problems.
- Despite these problems, many county probation departments are developing programs and services for these youth and are hopeful that MHSA funds can help with services to these youth. However, some counties are being told that MHSA funds are not for criminal justice youth.
- There is a need for training, community facilities, community funds to provide good treatment options, evidence-based practices that are promoted in every county, and the ability to treat youth at a younger age before they get so sick that they enter the juvenile justice system and eventually graduate into the adult justice system.

Questions/Comments

Barbara Mitchell: In discussions with other providers that have operated Level 12 and 14 group homes, they are closing them and the reasons have to do with the dollars and cents, and they cannot afford to operate them. Additionally, community care licensing is so draconian that providers cannot operate homes for youth who are flight risks because they will get closed down. Mitchell recommends that the Chief Probation Officers of California (CPOC) extend this discussion with the State Department of Social Services (DSS) regarding licensing and payment issues for those programs.

Ed Walker: Walker recommends convening an initial workgroup at the State level to include Juvenile Justice, DMH, DSS, CMHDA, and CWDA to develop strategies to address the problems, such as the Level 12 and 14 group home closures. Answer: Barrett indicated that a workgroup currently exists, which includes the CMHDA. On behalf of this workgroup, the CPOC recently wrote a grant to the California Endowment requesting funds to do a study on how much money is being spent on these youth in the counties. CPOC has received partial funding to hire some staff and begin gathering that information with the intent to take that study back to workgroup. Barrett suggested that a Planning Council member join the workgroup.

Update on Closure of Agnews Developmental Center

Jo Ellen Fletcher, Chief, Health and Wellness Section, Department of Developmental Services (DDS), reported that Agnews Developmental Center was slated for closure by January 2007; however, that date has been pushed back to 2008. In the early nineties there was a five-year plan brought forth by a lawsuit to DDS to move consumers out of state developmental centers into community placements and to provide community-based services to decrease dependency on institutional services. To date, those people who remain at Agnews are the most severely challenged and difficult to place. Currently, there are 285 residents remaining at Agnews. Sixty-six percent of the residents are over the age of 40 with 60 percent having lived there for 20 years. Fletcher indicated that DDS continues to work on the plan for closure of Agnews Developmental Center. Some of the issues in the plan of closure include building community capacity for successful transfer of consumers into the community, developing an employee retention plan to promote employee stability, and obtaining health care plans for consumers.

Beverly Abbott adjourned the meeting at 4:30 p.m.

Friday, June 16, 2006

Beverly Abbott, Chairperson, noting that a quorum was present, convened the meeting at 8:33 a.m.

Report from the Department of Mental Health

Stephen W. Mayberg, PhD, Director, Department of Mental Health (DMH), provided the following report on the activities of the DMH:

State Budget Issues

- AB 3632. The proposal in the budget includes $66 million to pay counties back for FY 2004/05 and FY 2005/06 state mandate claims; $25 to $30 million on prior year mandate claims; $57 million General Fund to prepay the mandate for future claims; and $69 million IDEA funds from the Department of Education. The program continues to be a mandate, and the cash flow issues will be resolved to some degree.
- EPSDT Audits. There are concerns from providers on the extrapolation methods being used. DMH made agreements to have a statistician look at the new method of sampling. DMH will not sample all services but randomly the most frequent services of any provider and only extrapolate to those services, not to all the services.
- No increases other than caseload and some medical cost increases for realignment programs. The realignment budget tends to remain relatively flat. Core mental health programs are gradually eroding and demands have not kept up with available dollars. Most of the cost of living dollars for realignment have gone to In-Home Supportive Services.
- The estimate for the MHSA budget is $1.2 billion, but the word of caution is that amount may only be for two years. This estimate is based on samplings of tax calculations, but the actuals will not be settled for a few years.
- A stumbling block in the state budget is how much debt to prepay and how much money to set aside for employee compensation. State employees have not had a raise in three years.
- The internal budget for DMH is positive. The MHSA has allowed the DMH to hire seventy people, although recruitment has been difficult. With the addition of new staff, the DMH needed more office space. The CMHPC and the OAC are now located at the State Lottery building. Program Compliance staff will also be moving to the State Lottery building.
- The DMH is reorganizing the MHSA staff. All five MHSA functions will now be under the responsibility of Carol Hood. Michael Borunda has replaced Carol Hood.
- John Rodriguez is scheduled to retire July 1, 2006. Rodriguez has worked in State Hospitals for 10 years. Robert Garcia, Chief Deputy Director, will be going back to the Department of Social Services as Chief Deputy Director.
- Planning Council vacancies. Sheila LaPolla retired, and DMH has not filled her position due to recruitment problems. One of her responsibilities was screening applications so there have been delays in the collection of data. There are good applicants, but we need to conduct background and reference checks.
- DMH Cultural Competence Plan. The DMH will be developing a plan; however, at this time there is not enough staff at the Office of Multicultural Affairs to perform this task.

State Hospitals

- Consent Decree with the Department of Justice. The budget includes almost 500 new positions. DMH will begin hiring people to implement programs and provide for adequate staffing. The challenge is changing the culture, but even more important being able to fill positions.

MHSA

- The vision and community participation in the stakeholder process has been phenomenal across the State. Over 120,000 people participated in the planning process. Of those, over 18,000 were consumers.
- Forty-seven CSS plans have been submitted to DMH.
- The following three projects are being funded with MHSA dollars: 1) CALSWEC – DMH pays stipends for 200 second-year social work students who agree to work in the mental health system. That program is in its second year. 2) Network of Care has been established in all 58 counties; and 3) $75 million annually from Capital Facilities and Information Technology for a supported housing initiative to build housing for homeless persons with serious mental illness.

Questions/Comments:

Barbara Mitchell: The housing initiative is restrictive. We need housing for low income people with mental illness with a broad range of housing options. Mitchell hopes that the DMH will provide some clear input that the housing initiative not be so restrictive. Answer: The DMH realizes that some of the current programs, such as the Governor's Initiative for Chronic Homelessness, have some pretty restrictive rules so we need to figure out the best way to encourage developers to partner with the mental health system to provide supported housing. The DMH has made a commitment to work with counties to figure out the best way to do that. There are no hard and fast rules about how the money is going to be distributed, but it may on a regional basis. In the next six months, DMH will begin working with the California Housing Finance Authority.

John Ryan: With realignment and Medi-Cal reductions, counties will have to reduce mental health services while at the same time create new programs with MHSA dollars, so counties are going in two different directions. How do you perceive that will play out in the future? Answer: That is true. Counties cannot supplant existing programs, but the MHSA will provide funds for new programs. In addition to the erosion of realignment, Dr. Mayberg is also concerned with the federal Budget Reduction Act in relationship to allowable expenses.

Effectiveness of MIOCRG Programs

Lynda Frost, Field Representative, Department of Corrections and Rehabilitation (DCR), reported on the statewide Mentally Ill Offender Crime Reduction (MIOCR) Program and the effectiveness of the program:

- The program was created in 1998 to find out what works in reducing recidivism among those offenders with a mental illness. Thirty projects were funded with the $80 million in 26 counties. They were funded through a competitive request for proposal process. Most of the projects combined in-custody interventions, such as discharge planning and some case management with post-custody interventions, residential treatment, medication management, housing assistance, and assistance with entitlements.

- The final evaluation showed that the MIOCRG programs, which included a lot of enhanced treatments and close supervision in the community had a statistically significant effect on five of the eight criminal justice variables that were looked at, including bookings into jail, convictions, the severity of the booking offense, the severity of the conviction offense, and the amount of jail time. It did have the intended impact on the criminal justice system. The reason why the programs were so successful in the criminal justice arena was because the projects focused on improving the quality of life for the individuals participating in the programs.
- The program ended in December of 2004. About half the programs were going to be able to continue but about half just ended. The need, however, is still there. The three needs cited most often by counties were interagency collaboration, treatment capacity in the community, and cross-training between law enforcement, corrections, probation, and mental health.
- Ms. Frost stated that the May Revise included $50 million for basically a new MIOCRG program with half of that going toward the juvenile side, which is desperately needed, and half going to the adult side. The Sheriff's Association is still fighting to keep this included in the Governor's Budget.
- On the juvenile justice side, the Juvenile Justice Crime Prevention Act (JJCPA) provides $100 million a year to all counties and 56 counties participate. The JJCPA might get an additional $20 million in this budget. Counties can use those funds for mental health services for at-risk juvenile offenders, and those funds can be used in the detention facilities.
- The Department of Corrections and Rehabilitation (DCR) received $7 million in Title 2 federal formula grant funds for the next three years to distribute, on a competitive basis, to counties, cities, and community-based organizations who could apply for these funds. To be eligible for funds, projects would have to focus on the following five areas: substance abuse, gangs, aftercare re-entry services, gender-specific services, and mental health services. The request for proposal should be released at the end of July.

Richard Hayward, PhD, Manager, Mental Health and Recovery Programs, Maguire Correctional Facility presented a video about a local successful MIOCRG program, Options, in San Mateo County.

Committee Action Items

Policy and System Development Committee

Celeste Hunter stated that the Policy and System Development Committee heard a presentation by Pat Ryan, CMHDA, on realignment funding issues. The committee felt that the full Planning Council could benefit from the same presentation, as well as have Ms. Ryan report on the how the county CSS plans are rolling out. The following motion, made by Celeste Hunter and seconded by John Ryan, carried:

> The Planning Council will request Pat Ryan, CMHDA, to give a presentation to the full Council on realignment funding issues and on some of the difficulties counties are having with the roll-out of their CSS plans.

Additionally, Pat Ryan also spoke to the difficulty in advocating at the Legislature on behalf of counties regarding Medi-Cal cuts that did not get restored. The following motion, made by Beverly Abbott and seconded by John Ryan, carried:

> The Planning Council should take an active role in advocating for Medi-Cal funding for counties in the next legislative cycle.

Human Resources Committee

The following motion, made by Dale Mueller and seconded by John Ryan, carried:

> As a part of the SAMHSA Block Grant Criterion, the Human Resources Committee will be submitting a consumer-related occupations peer support specialist DACUM to the DMH.

Dale Mueller reported that the HRC will also be expanding its focus to look at the roles and occupations of nurses and psychologists.

New Business

- John Ryan requested an update from DMH to the Planning Council on performance outcomes to determine what the mental health service needs are in the State, the percent of those needs that are being addressed, and the effectiveness of those services.
- Ryan also made a motion to request that the DMH develop a Cultural Competence Plan now as an encouragement to look at its resources and to allocate those resources. Mortz seconded the motion. A discussion followed. Arneill-Py stated that motions we act on are included on the full agenda and committee agendas. New Business allows Council Members the opportunity to bring up issues or concerns, but we would not act on motions that are not on the agenda. Ryan requested that the Planning Council members receive instructions on the rules of voting. Ed Walker suggested that Leadership address this issue and review the Planning Council's bylaws to see if our bylaws accommodate the wishes of the Planning Council in regard to timely action. Ryan's motion was tabled to the next meeting.

The meeting was adjourned at 12:35 p.m.

Respectfully submitted,

Cindy Walker
Associate Mental Health Specialist